

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040873

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 357

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0508

2 0500

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 25 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		c. CITY OR TOWN DeSoto	
Length of stay in 1b 6 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) Route 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RITA		4. DATE OF DEATH Month October Day 20 Year 1963	
First McGEE		Last McGEE	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/25/91
9. AGE (last birthday) 72		10. IF UNDER 1 YEAR Months 0 Days 0	
11. IF UNDER 24 HR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11a. BIRTHPLACE (City and state or country) Jefferson County, Mo.		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles McKee		13b. MOTHER'S MAIDEN NAME Martha Davis	
14. NAME OF HUSBAND OR WIFE Mike McGee, deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Mrs. Lucille Knapp	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent healed myocardial infarction 3 months ago.	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:15 a.m. 10/20/63 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION DeSoto, Missouri	
20g. I attended the deceased from October 20, 1963 , to October 20, 1963 , and last saw her Never alive on Never .		20h. Death occurred at Dead on arrival to Hospital 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Albert J. Campbell MD		22b. ADDRESS 312 1/2 So. Ohio, Sedalia, Mo.	
22c. DATE SIGNED 10-21-63		22d. LOCATION (City, town, or county) (State) DeSoto, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/22/63	
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) DeSoto, Missouri	
24. GENERAL DIRECTOR Francis Shelby per A. Andersen		25. DATE RECD. BY LOCAL REG. Oct. 21, 1963	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.